



THE ADVERSE LABOR AND DELIVERY EXPERIENCE FACED BY BLACK WOMEN

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ABSTRACT

Healthcare and equity go hand in hand, but this is usually not the case for pregnant black women, prenatally and during labor and delivery. The general public frequently has certain views regarding black women, and these biases can be projected by healthcare providers, as well. The relationship between a woman and an Obstetrician/Gynecologist (OB/GYN) is vital for a mother and her baby. Black women constantly experience negativity and dismissal of inquiries in the medical field. Not only does this lead to detrimental outcomes, but it also discourages these women from asking for help when needed. This leads to the overall health vulnerability/disparity experienced by black women regarding systemic racism. Research indicates that black women need more equitable care in general, but this narrative focuses on obstetrics. Black women and infants' lives are lost due to the poor quality and under-utilization of their healthcare.

KEYWORDS: Healthcare, Disparity, Racism, Obstetrics, Morbidity, Mortality, Stigmas

INTRODUCTION

Women of color, particularly black women, encounter distinct challenges during pregnancy and childbirth, resulting in disproportionately adverse outcomes such as invasive treatments, infant mortality, severe complications, and even death. Even when controlling for certain underlying social and economic factors, such as education and income, inequity in healthcare persists for women of color, pointing to the roles racism and discrimination play in driving disparities (Artiga et al., 2022). Irrespective of their healthcare access or socioeconomic status, these disparities persist, highlighting the role racism and discrimination have in driving these inequities. Many negative experiences black women encounter are unheard and unseen. Lives are lost due to misunderstandings that lead women to avoid asking for help or to believe that their pain is "normal" when it is not. Another example depicts the shocking reality of a pregnant black mom:

"Williams was gasping for breath and recognized that blood clots were blocking one or more of the arteries in her lungs. 'Because of my medical history with this problem, I live in fear of this situation,' she wrote in an essay about the issue last February. 'So, when I fell short of breath, I didn't wait a second to alert the nurses.' But medical employees initially dismissed her concerns, wasting crucial time before her diagnosis and the treatment she specifically requested. Williams' story illustrates the biggest problem facing black women, even when they are successful and affluent" (American Heart Association News, 2021).

Even as a strong and successful black woman, her wishes were still disregarded. Diversity and equity in hospitals and healthcare provider facilities are our first steps towards a

safe and respectful space for all. No one should feel like they cannot talk or speak up. Black women face a higher risk of delivery complications and invasive treatments compared to white women, due to significant disparities in healthcare. These disparities include frequent dismissal of black women's pain, the projection of stigmas onto black women, and the unequal treatment of black women in the healthcare field. This narrative reviews two themes elucidated from several sources.

Theme 1: Racial biases and stereotypes against black women contribute to disparities.

A black woman is looking to have a child and is adjusting her life accordingly. In doing so, she does not recognize the risk she is taking for herself. As of 2023, black women are 3 times more likely than white women to not only have severe pregnancy complications, but even die. Dismissal of pain, poor communication, and the projection of biases by healthcare providers contribute to this statistic. These are some key differences women of color face compared to white women.

Implicit biases are pervasive in the medical field, particularly with the treatment of black patients by non-black doctors. Implicit biases are thoughts that are subconsciously projected onto unassuming individuals. The projection of biases happens frequently in the medical field and is more common in the non-Black doctor-to-Black patient relationship. Not only does it undermine the patient's hospital encounter, but also their experience with the doctor. Implicit biases, such as the belief that black people can endure large amounts of pain, can result in inappropriate and inequitable medical decisions. These biases often justify the misconception that black people can withstand more pain, leading to disparities in medical treatment and care. Green (2021, p1) believes this stems from the procedures trailblazing enslaved African American women endured to

further the advancements of gynecology and obstetrics. Because little to no anesthesia or pain medicine was used during these experiments on black slave women, many still suggest that black people have a higher pain tolerance. Thus, black women frequently experience labor with an inappropriately dosed epidural or other sub-par means of pain medicine. With more education and awareness, previous harms cannot be undone but might be prevented for future women.

The dismissal of pain is a universally relatable feeling, but for black women, it is amplified. African American women all around the United States frequently report feelings of dismissal/disregard by healthcare providers. Black women are dismissed and ignored due to the unconscious biases of healthcare providers. Angelica, a first-time mother, reflects on this distressing reality: “She made me feel like my concern wasn’t important, and because this was my first pregnancy, I decided not to go because I wasn’t sure and thought maybe I was overreacting” (Statford, 2023).

In situations like this, black women tend to refrain from asking questions and speaking up to their healthcare provider. This not only endangers them but also their child. (Giving credit where credit is due, doctors go to school for 12+ years, they are highly skilled and intelligent, but their vocabulary can sometimes be hard to understand.) The difference between a uterine cervix and a cervical vertebra is vast, but they sound similar. [A simple misconception without the right understanding of a patient can be detrimental.] To not be able to trust and effectively communicate with someone who is caring for two precious lives is frustrating and upsetting. It is not the only inequitable thing that black women experience in the medical field.

Theme 2: Inequitable healthcare further exacerbates the challenges black women face.

Equity implies that everyone receives what they need. While equality occurs when everyone gets the same and just treatment, nothing is equitable or equal when one person gets better or more than another. Concerning healthcare quality, white women are treated better compared to black women. “Even controlling for clinical characteristics, black women are less likely than white women to undergo labor induction or receive regular cervical examinations during labor and more likely to undergo cesarean delivery under general anesthesia” (Green et al., 2021). Racist behavior, whether intentional or not, affects the overall treatment of that patient. Inadequate healthcare is more prevalent among black Americans with lower socioeconomic status. This is associated with access, insurance, and monetary income because as you earn more, it “translates into superior access to the fastest, most expensive health care” (The New York Times, 2016). This typically shows up in the lack of resources given to black women in general, regardless of socioeconomic status. For example, it is more prevalent for a black mother to be without prenatal health care, or little to none if she is both poor and black. “To be black anywhere in America is to experience higher rates of chronic ailments like asthma, diabetes, high blood pressure, Alzheimer’s, and, most recently, COVID-19”. Furthermore, black Americans have less access to adequate medical care and a shorter life expectancy compared

to white Americans (Statford, 2023). In addition to the lack of healthcare many African Americans experience, the care they receive is inequitable.

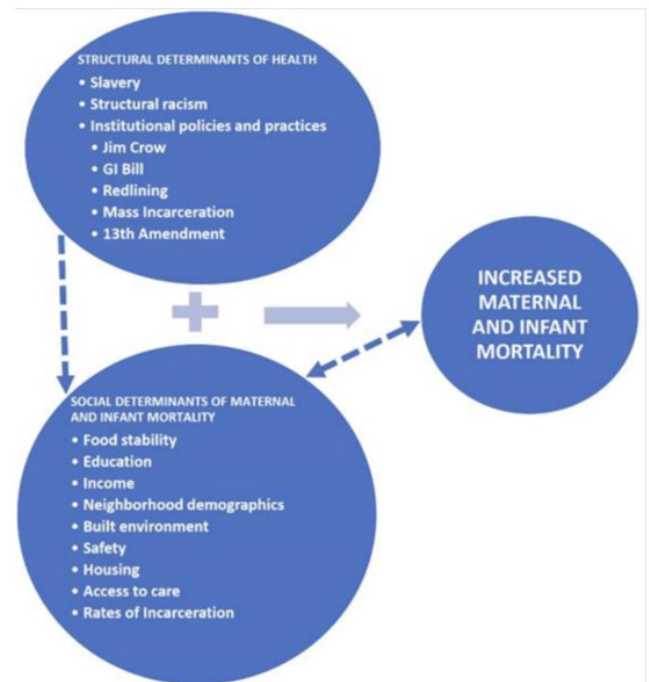


Figure 1: Listen to the Whispers Before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States.

Source: NCBI.

Theme 3: Morbidity and mortality coming into play with black pregnant women.

Institutionalized and embedded racism in medical curricula, as stated prior, results in higher and more exasperated experiences felt by black women. Black women are also at a heightened risk due to the lack of quality, equitable, and personalized healthcare. Morbidity and mortality rates in black pregnant women and their babies are extremely high compared to other women of different races, such as whites. According to specialist Donna Hoyert, “In 2021, the mortality rate for non-Hispanic black women was 69.9 deaths per 100,000 live births” (Hoyert, 2021). Observing this ratio might not seem concerning, but compared to their racial counterparts (Hispanic and white), their infant mortality rate is almost three times higher. Socioeconomics comes into play and is a large part of the equation, but the dismissal of black women’s pain and the lack of appropriate treatment cause the greatest rise in their and their infants’ morbidity and mortality. “Even when it’s not about the direct disrespect that’s going on between the patient and the care provider, there are many ways systemic racism makes its way into the well-being of a pregnant or birthing person,” said Dr. Amanda P. Williams, the clinical innovation adviser at the California Maternal Quality Care Collaborative.

The New York Times article ‘*Childbirth is Deadlier for Black Families Even When They’re Rich*’ depicts how access to quality healthcare and monetary value affect a woman’s

prenatal care, her health, and ultimately her baby's health. This alarming graph also gives insight into how Black women are greatly more at risk than Whites because of the racist ideals frequently brought and taught in healthcare curricula.

Infant morbidity is a child born with – or developed soon after – a medical condition or disease. The rates of infant morbidity also affect blacks on an unparalleled scale. Concerningly, about 3% more than their racial counterparts. Black babies are 2.9 times more likely to die from sudden infant death syndrome. Black infants are typically more susceptible to diseases, as their mothers tend to have less access to both quality healthcare and unbiased doctors. Higher rates of illness in black babies: Black babies are 3.8 times more likely to have a low birth weight, and are often affected by polydactyly, hard-of-hearing diseases, and sickle cell or hemoglobinopathies (Meyerson, 1986). Many of these diseases also lead to chronic hospital visits and shorter life spans. As of 2022, more shocking obstetrics news surfaced, where black women have an average of 10.85 infant deaths for every 1000 live births. Taking this into perspective, the average infant mortality rate in 2022 was '5.60 infant deaths per 1,000 live births' (Ely, 2023). This leads to further reflection on the inequity, lack of quality, and stigmatized healthcare given to blacks and other women of color.

Solutions

Fortunately, multiple solutions can be implemented to improve the adverse experiences Black women face during labor and delivery.

- Pair white women and black women through their pregnancy.

The pair's focus would be to ensure the women receive the same treatment. This could diminish stereotypes projected onto black women because healthcare would be woman-centered (not race-centered).

- Augment the workforce to include more doctors of color.

The simplicity of having things in common allows for comfort, because one's guard is down, allowing for trust, connection, and rapport between a patient and healthcare provider. "In addition to shared culture and values, a black physician can offer black patients a sense of safety, validation, and trust" (Zaragovia, 2021).

- Eliminate ties between race and certain diseases during medical training.

This thought process is an "unscientific racial stereotype" (Green, 2021).

- Create a safe place to talk freely and ask questions.
- Black women tend to feel unseen and do not ask questions because of feelings of dismissal. Acknowledging the worries and questions of a patient might improve this issue. Reassuring patients is an effective solution to the dismissal of pain. Overall, there are many ways to eradicate the

adverse experiences black women face; it all begins with equity in healthcare in general.

CONCLUSION

Due to implicit biases, stereotypes, and inequitable healthcare, black women experience adverse outcomes in labor delivery. Pregnant black women are at high risk for poor outcomes. This risk directly correlates with doctor-patient interactions. Perpetuated in medical training, a doctor can have a certain implicit bias about a patient without supporting scientific evidence. This leads to inequitable behaviors and treatments. Healthcare providers are highly capable and knowledgeable, but they are not infallible. The first step toward improvement is the self-acknowledgment of imperfections and biases. However, many other solutions can be implemented. Spreading awareness of this issue and promoting empathetic listening are crucial steps toward a more equitable future.

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